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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 28, 1999 8:00am

Secretary of State

01-28-1999 90040 003 ***150.00

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G18692

1. Corporatio									
HONEYO	COMB & COMPOSITE TR	aining, in	IC,						
		-							
Principal Plac	e of Business	Maili	ng Address			1 1001111 5001 11201 10110 01110 131	IN STATE BÉNÉT DE	ANT BERTH BERTH	11011 01011 1081
180 DEER LAKE	F CIR.	180 D	EER LAKE CIR.						•
ORMOND BCH			ND BCH FL 32174						
		7				DO NOT WRI	TE IN THIS	SPACE	
	i					3. Date Incorporated or Qualifed			
e Bringing D	Place of Business	120 N	lailing Address			01/13/1983 4. FEI Number		1 [plied For
····	tace of business	26	daming Address			06-1047856		<u> </u>	ot Applicable
21 Suite, Apt.	# etc.		uite, Apt. #, etc.						Additional
22		27	-110, r 4 m m, -10		• •	5. Certifcate of Status Desired		•	equired
City & Stat	te		City & State			6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		•	to Fees
Zip	· Country Zip		Country		8. This corporation owes the current year Intangible				
24	25	29	· 3	0		Personal Property Tax.		Yes	□No
	Name and Address of Cur	rrent Register	red Agent			10. Name and Address of New R	Registered	Agent	· ·
		•		81	Name				
	OY, WILLIAM	14.		82	Street Addres	ss (P.O. Box Number is Not Accepta	able)		7 10
	DEER LAKE CIRCLE	•					<u> </u>		
UHM	OND BCH FL 32174			83				• • •	
	*		• '	84	City			85 Zip	Code
							<u> </u>	يبل	
		0502 and 607		the chair				changing its	registered
11. Pursuant	registered agent or both in the St	ate of Florida.	. 1906, Florida Statutes Such change was auth	horized by the	-namea corpor he comoration	ration submits this statement for the 's board of directors. I hereby accept	purpose or of the appoir	ntment as re	gistered
office or r agent. I a	registered agent, or both, in the Starm familiar with, and accept the ob	ate of Florida. ligations of, Se	Such change was authection 607.0505, Florid	horized by the Statutes.	named corpor- he corporation	's board of directors. I hereby accep	ot the appoir	ntment as re	gistered
office or r agent. I a	registered agent, or both, in the St am familiar with, and accept the ob	ate of Florida. ligations of, Se	Such change was auth ection 607.0505, Florid	horized by th la Statutes.	he corporation	's board of directors. I hereby accep	ot the appoin	ntment as re	gistered
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: WULLSWEEP SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

NAME

STREET ADDRESS

CITY-ST-ZIP

1-7-99

904-072-7316 Daytime Phone # JRZE034 (11/98)